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PTO/SB/21 (09-08)

Approved for use through 10/31/2008. OMB 0651-0031

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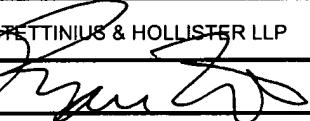
Total Number of Pages in This Submission

Application Number	10/612,784
Filing Date	07/02/2003
First Named Inventor	WASIELEWSKI, RAY C.
Art Unit	3738
Examiner Name	SNOW, BRUCE E.
Total Number of Pages in This Submission	7+
	Attorney Docket Number
	ORW01-GN004

ENCLOSURES (Check all that apply)

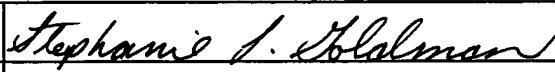
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): ITEMIZED RETURN POST CARD
<input type="checkbox"/> Remarks INFORMATION DISCLOSURE STATEMENT (2 PGS), INCLUDING FORM PTO/SB/08A (1 PG) AND FOREIGN DOCUMENTS (2 DOCS.)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TAFT STETTINIUS & HOLLISTER LLP		
Signature			
Printed name	RYAN L. WILLIS		
Date	OCTOBER 20, 2008	Reg. No.	48,787

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	STEPHANIE JOAN GOLDMAN	Date	OCTOBER 20, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application Number	10/612,784
Filing Date	07/02/2003
First Named Inventor	WASIELEWSKI, RAY C.
Examiner Name	SNOW, BRUCE E.
Art Unit	3738
Attorney Docket No.	ORW01-GN004

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3072 Deposit Account Name: TAFT STETTINIUS & HOLLIST

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): **SUBMISSION OF AN INFORMATION DISCLOSURE STATEMENT**

\$180.00

SUBMITTED BY

Signature		Registration No. 48,787 (Attorney/Agent)	Telephone (513) 357-9663
Name (Print/Type)	RYAN L. WILLIS		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 22 2008

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
Effective on 12/08/2004.**FEE TRANSMITTAL
For FY 2009** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)**Complete if Known**

Application Number	10/612,784
Filing Date	07/02/2003
First Named Inventor	WASIELEWSKI, RAY C.
Examiner Name	SNOW, BRUCE E.
Art Unit	3738
Attorney Docket No.	ORW01-GN004

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3072 Deposit Account Name: TAFT STETTINIUS & HOLLIST

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Small Entity
	52
Each independent claim over 3 (including Reissues)	220

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=			52	26

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			220	110

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

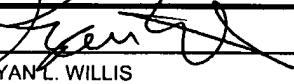
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): SUBMISSION OF AN INFORMATION DISCLOSURE STATEMENT

\$180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 48,787	Telephone (513) 357-9663
Name (Print/Type)	RYAN L. WILLIS		Date OCTOBER 20, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Oct. 20, 2008
(Date)

Stephanie Joan Goldman
Stephanie Joan Goldman

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Applicant : Wasielewski, Ray C.
Serial No. : 10/612,784
Filed On : 07/02/2003
Title : USE OF SNAP-ON SEMI-ANNULAR ACETABULAR COMPONENT AUGMENTS TO INHIBIT MULTI-DIRECTIONAL INSTABILITY AFTER TOTAL HIP ARTHROPLASTY
Docket No. : ORW01-GN004
Examiner : Snow, Bruce E.
Art Unit : 3738

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313

Dear Sir:

10/22/2008 SSITHIB1 00000005 503072 10612784
01 FC:1806 180.00 DA

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 C.F.R. § 1.97, the Examiner's attention is directed to the references listed on the attached Form PTO-SB-08A. A copy of each of the foreign patents listed is provided. Each item of information contained herein was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this information disclosure statement.

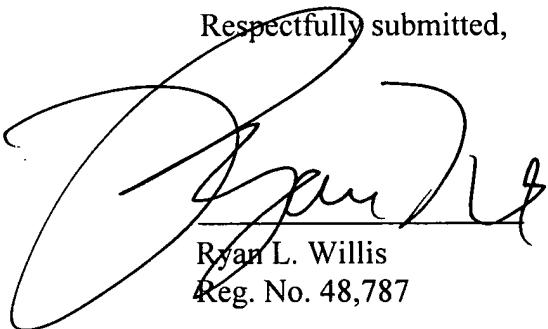
Information Disclosure Statement

ORW01-GN004

Page 2

It is to be understood that the present disclosure of art is in no way intended to be a waiver of any arguments or defenses available to the Applicant under the rules of the U.S. Patent and Trademark Office and the statutes of the United States. A fee is required. The Commissioner is hereby authorized to charge any additional fees that may be required by this paper, or to credit any overpayment to Deposit Account 50-3072.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Ryan L. Willis".

Ryan L. Willis
Reg. No. 48,787

030074
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